

DELIVERY RECEIPT

Company Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Website: _____

Date: _____

Receipt #: _____

Delivery Information

Description of delivered item(s): _____

Delivered to: _____ Street Address: _____

City, State, Zip: _____ Phone: _____

Summary of Charge

Payment Method:		Delivery Charge	
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit (No. _____)	Tax Rate	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Check (No. _____)	Total Tax	
		Total Amount Due	

Comments: _____

Received by: _____

Recipient Signature _____

Delivery Person Signature _____

